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An  
Inaugural Essay.

On  
Gastritis.

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of  
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# Gastritis

The impotence and influence which the stomach exercises over the other parts of the body, from its intimate connections, must ever render the diseases of this organ peculiarly interesting to the Physician and speculative Pathologist.

From its extreme sensibility and its communication with the rest of the system generally, we cannot but recognize the powerful influence, a diseased state of this viscus must have over the health, and life, of an individual.

In examining the animated beings in all their various gradations, there is no viscus so constantly met with as the stomach and in fact there is no instance on record, where the stomach has been found wanting or something equivalent thereto.

The human stomach though simple in its organization, is endued by nature, with the most complex properties, producing a centre of sympathies between our corporeal functions and mental faculties that

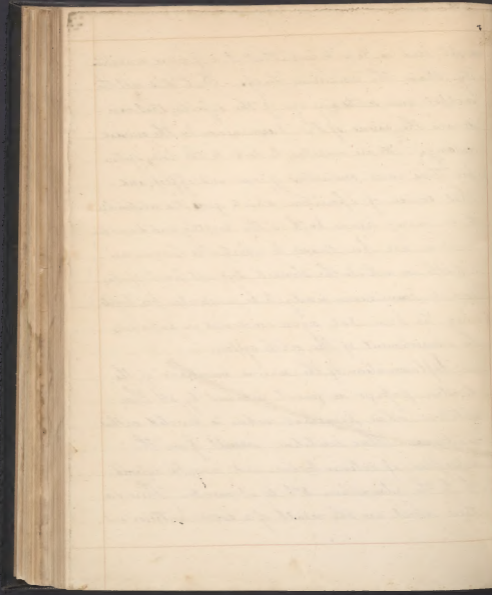
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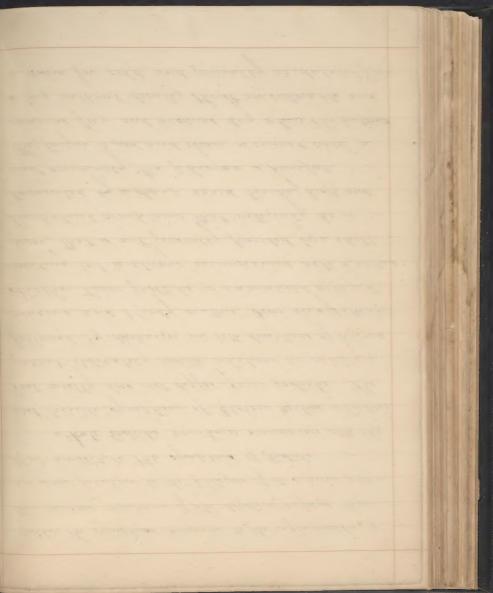
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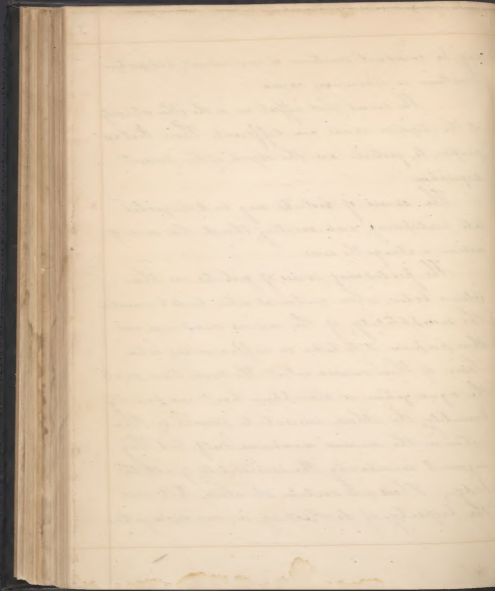
might lead us to a belief, that it is of nicer sensibility than the sensorium itself. But it is not the scalpel and scrutinizing eye of the dissector, that can discover the causes of this preeminence in the animal economy. We are compelled to look to the living system for those nice connections of cause and effect, and that source of association which gives it a relationship to so many organs both in the healthy and diseased state.

There are few diseases to which the human race is liable in which the stomach does not participate, and its preeminence is only to be accounted for, by its being the principal organ concerned in preparing the nourishment of the whole system.

Inflammation of the mucous membrane of the digestive passages in general is caused by all those irritations whose principal action is directed on that membrane. These irritations result from the impulsion of exterior bodies and may be referred 1<sup>st</sup> to the atmosphere 2<sup>nd</sup> to aliments. There are others which are the result of a disease anterior and







may be considered sometimes as constitutional predispositions sometimes as determining causes.

The causes that affect one or the other extremity of the digestive canal are different. Those that are proper to gastritis are the objects of the present disquisition.

The causes of gastritis may be distinguished into predisposing and exciting though their mode of action is always the same.

The predisposing causes of gastritis are those exterior bodies, whose continual action tends to accumulate the susceptibility of the mucous membrane and thus prepare it to take on inflammatory action. Some of these causes act at the same time on all the organization, as atmospheric heat and probably humidity, the others concentrate primarily, their action on the mucous membrane itself, but they augment secondarily the excitability of all the body. These are certain aliments that have the property of developing in our organization

It is a very common error to suppose that the

the only way to avoid the error is to

the only way to avoid the error is to

the only way to avoid the error is to

action than is necessary to maintain the general harmony.

The exciting causes of gastritis may be those that have been mentioned as predisposing causes which by the continuation of their action may give rise to inflammation of the stomach; but most frequently it is produced by some excesses in aliments or in drink or a fit of anger.

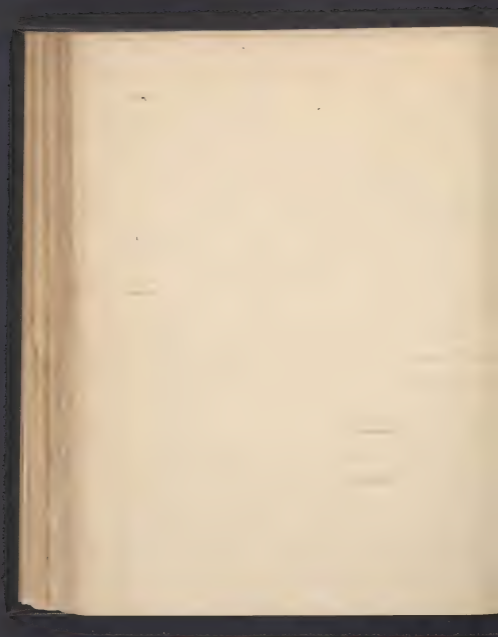
Corrosive poisons contusions falls blows on the epigastrium may occasion gastritis without any predisposition but will develop the disease with more energy when the patient is already in a state of predisposition. Vomits and Purgatives also when the predisposition exists in a high degree injudiciously administered rarely fail to give rise to the disease.

There are some cases of gastritis which under the stomach more susceptible of becoming inflamed under the influence of different irritants such as in general chronic inflammation of the system.



While the vomiting continues to the intestines & the nervous system & the digestive organs there is some stimulus to the patient, it subsides but it does not constitute the symptoms of gastritis.

Acute gastritis sometimes commences with the most terrible symptoms of Cholera morbus violent in fact milder does not differ from gastritis. The patient obstinately vomits whatever he swallows, followed by discharge in both directions of thin mucous and frothy matter. Fever is attended. At other times gastritis is announced without vomiting but is always accompanied with a violent fever that is not generally preceded by a chill. The patient complains that internally he is tormented by a sharp acid burning heat, and most commonly the pharynx is painful. The tongue is red and clean or covered with a mucous fur and becomes dry when the patient is long without drinks. Thirst considerable and a desire for cold and generally acidulated fluids.



which are often retained, while all others are  
 rejected by the stomach. Constipation exists if  
 the mucous membrane of the intestines is sound  
 or is but slightly affected but if the colon be  
 highly irritated, diarrhoea and tenesmus are  
 attending symptoms. Pain is mostly felt  
 in the epigastrium and hypochondria especially  
 in the right side. These pains appear to be  
 deeply planted and are frequently ~~not~~  
 exasperated by pressure especially those of  
 the hypochondria except when depressed  
 with some force. They are often lancinating and  
 accompanied with a sense of obstruction. They diminish  
 manifestly after the patient has swallowed food and  
 especially acid ~~drinks~~.

At the end of some days the vomiting ceases  
 though the ~~other~~ symptoms remain sometimes it  
 continues in a relapse in the course of the disease and  
 the patient complains of a continuous nausea caused  
 as it were by a round body, that has a tendency to -



mount to the pharynx, and which painfully compresses the base of the chest. Each vomiting is followed by a temporary relief and the patient often anxiously demands the administration of an emetic.

Absolute impossibility of swallowing attributed by the patient to an obstacle situated at the bottom of the pharynx or top of the sternum, is to be regarded as dysphagia. The disease in its greatest degree of intensity. It shows the stomach violently contracted, and in so irritable a condition that it ejects its own contents.

Such are the signs of gastritis that are to be drawn from an attentive examination of the functions of digestion. Many of them may be wanting. The principal one is the pain, sometimes does not exist in gastritis the most intense. As the true diagnosis of disease can only result from the collection of all the attending train of symptoms; the sympathetic disturbances of other functions are to be particularly regarded.



The sympathetic disturbances that accompany acute gastritis are 1<sup>st</sup> as respects the head, the *sensations* of the senses, and the movements of the muscles subject to the will

Headache may exist but is not an essential symptom. Alterations of the mind, at first slight, and corresponding to the periods of the most lively suffering, afterwards becoming constant but ~~only~~ occasionally ~~only~~ slight distractions, ~~appear~~ especially to belong to the character of this inflammation

Patients are even it is true with as violent delirium as is met with in Typhus fever or in Phrenitis. But in these cases there is considerable analogy to those diseases as at the same time, if conjunctiva is injected, the eye inflamed and the whole physiognomy is altered

Sometimes the delirium is of a *gaze* character; it is when gastritis is unaccompanied by local pain; but more frequently the violence



1  
of the pain renders the patient distracted, morose  
and impatient. In proportion as the disease  
advances and the sufferings increase, the mind  
is more and more affected until lost in  
complete coma.

At the same time are observed irregular  
contractions of the muscles around the teeth,  
about the larynx and manifested convulsive motions.

The patient unconsciously while he continues sensible  
alleges that the heat that devours him is more insupport-  
able when the chest is covered. If there are topical  
applications maintained by bandages round the body he  
often tears them off. He lies low down and again  
throws himself into every attitude. He rolls his head  
back and his countenance gives the expression of the  
most acute sufferings. When interrogated respecting  
the nature and seat of his pain he will carry his  
hand towards the lower part of the sternum but  
can not accurately describe his sufferings. The  
sensation of interior burning is that which is which



he has a distinct inclination. The mind is running  
 these different symptoms and the instantaneous  
 view that succeeds the embolism is a sinking  
 sink that we can have an appearance that  
 this anxiety is the consequence of an inflammation  
 of the internal surface of the stomach. Muscular  
 strength is not destroyed since in the midst of the  
 sinking that follows the most stormy crisis are  
 suddenly developed the most surprising efforts.

The character joined to the general condition  
 of the skin sufficiently distinguishes this disease  
 from typhoid fever. The blood is destructive miasma.

2<sup>nd</sup> With respect to the function of respira-  
 tion there is oftentimes observed a rough action  
 to shells, accompanied with an acute lancinating  
 pain; an expectoration of coagulated blood  
 mixed with streaks of blood a while and opaque  
 as that catarrhs of the greatest intensity and  
 frequency at the period of their evolution  
 a general pain of the thorax now and then



is closely related to the action of the pericardium, in a word  
 to the same parts as the pericardium or adjacent to  
 the same points as the stomach, and in large and  
 irregular subjects the irritation is hurried and violent.

A Stomachic or pain of the lungs is not uncommon  
 and arises from the pain or uneasiness of the stomach  
 that sympathetically paralyzes the muscular  
 masses of the Lungs.

Such are the sympathetic lesions that  
 the inflammation of the stomach carries into  
 the functions of respiration. These symptoms  
 have no other consequence than are created  
 with them which immediately derive from  
 the diseased organ.

3<sup>rd</sup> Restoring the circulation and  
 receding we find in the commencement  
 of the disease the pulse to be small, weak, and  
 often as large as it would be in a healthy person.  
 especially if the pleural symptoms just mention  
 are not with because these symptoms are a



proof that there is a sanguine violence in the exhibition of the pulmonary process.

It is precisely this violence that may cause a change in the character of the disease.

In the inferior grades of the disease when the the powers of the system have become exhausted by pain, the pulse no longer presents the same violence, it is contracted, convulsive, intermittent irregular. In grades still decidedly marked and towards the close of life it is entirely lost.

The heat of the skin is considerable in the violence of the acute state, it is always dry and hot; when the disease is in its decline the skin is cold and as it draws towards a chronic form the skin is cold and nothing can impart warmth to it it always corresponds to the pulse.

All the cutaneous eruptions are suppressed and the sweat is dried at the end of some days when the disease has been very rapid.



In laying down the treatment of any disease  
general principles can alone be formulated.  
in an essay like this, and in every case certain  
innovations must necessarily occur which require  
judgement, experience and observation.

The indications of case are extremely  
obvious having to contend with an active  
inflammation of a very important organ; one  
that may be said with great propriety to  
preside over the different functions of the  
animal economy, for when this becomes diseased  
the whole system appears to participate in  
its deranged action.

It will therefore be necessary, in the  
proper management of the disease to abstain the use of  
copious and repeated bloodletting, no matter how  
introduced by the lancet or the pump. A tri-  
caloric, warm and hot water bath will be a kind  
of substitute to leeches and cups, and will give the  
spinal cord action or tension. The hemorrhoidal



refers which situation is preferred by Dr Jackson  
of this city, who practices a second anastomosis  
explanation may be given. In the generality of  
authors we find them recommending small  
and repeated bleedings but such practice is to  
be considered as injudicious: as it is to be recol-  
lected that the pulse is no guide for us for  
by detracting blood especially we unsettle the basis  
of the system and the pulse becomes softer and  
falter. The remedy also should be continued as long as  
indicated in the state of disease.

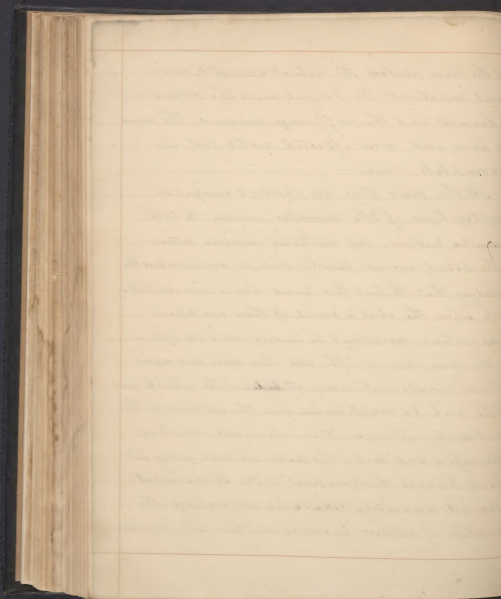
This one of the dangers is the following  
that in signs of the whole system and particularly  
the nervous system. It is to be observed that  
the state of shock in a state of so long let exist must  
be not removed in short assistance in the  
vascular system and certainly there can be  
no difficulty in deciding where they should be applied  
to. It is to be seen in the first part of the disease.  
They should be cut on immediately and that



organ, and should be sufficiently large to cover the whole of the epigastric region, as the pain is not proportionally increased by it and the advantages are much greater as a potent remedy warm fomentations to the whole of the abdomen if they can be borne, should be had recourse to.

The irritability of the stomach is so great generally as utterly to preclude the possibility of any medicines being administered by the mouth, and for the purpose of quieting the stomach we must resort to the usual antiemetic medicines. This being done our next attempts should be to open the bowels and to do this we may have recourse either to Epsom Salts or to a combination which is highly extolled by Dr Chapman viz Calomel & Opium in small doses who says that it also has a tendency to reduce inflammation.

The intolerable thirst of which the patients complain is to be allayed by means of slightly



acidulated drinks; and what has been found  
much Superior by Dr Cheekman is milk in small  
quantities and frequently repeated.

In the sinking stage where we suspect  
a disposition in the disease to run into gangrene  
we must administer opium and Spts of  
Turpentine freely which have sometimes  
been known to arrest it in the incipient  
stage but generally all our endeavours  
are unavailing and death closes the scene.

F. Picklen  
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